

Statement of Organization Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

☒ Termination - See Part 5

List I.D. number:

1313478

04 / 30 / 09

Date of Termination

Date Stamp	STATEMENT OF ORGANIZATION CALIFORNIA FORM 410 For Official Use Only
REC'D 2009 JUN 22 AM 11:31 CITY CLERK CITY OF LODI	

1. Committee Information

NAME OF COMMITTEE

COMMITTEE TO OPPOSE MEASURE W

STREET ADDRESS (NO P.O. BOX)

1812 CAPE COD CIRCLE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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LODI	CA	95242	(209)368-4955
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MAILING ADDRESS (IF DIFFERENT)

OPTIONAL FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

SAN JOAQUIN

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

PHYLLIS E. ROCHE

STREET ADDRESS

1812 CAPE COD CIRCLE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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LODI	CA	95242	(209)368-4955
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NAME OF ASSISTANT TREASURER, IF ANY

WAYNE KNAUF

STREET ADDRESS

1714 WILLOW POINT CT

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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LODI	CA	95242	(209)339-4320
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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

JOHN TALBOT, CHAIRMAN

MAILING ADDRESS

800 MAPLEWOOD DR.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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LODI	CA	95240	(209)369-5120
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3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on June 18, 2009
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Phyllis E. Roche
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

COMMITTEE TO OPPOSE MEASURE W

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COMMITTEE NUMBER

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Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	C I N	STATE ZIP CODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., C I N OR COUNTY, AS APPLICABLE)	CHECK ONE	
COMMITTEE TO OPPOSE MEASURE W	CITY OF LODI	SUPPORT	OPPOSE <input checked="" type="checkbox"/>
		SUPPORT	OPPOSE

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COMMITTEE NAME

I.D. NUMBER

COMMITTEE TO OPPOSE MEASURE W

1313478

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Small Contributor Committee☐____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

 By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.